



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF PHARMACY**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**DISTRIBUTOR PERMIT – INFORMATION ABOUT OWNERSHIP**

**Complete one of these forms for each person listed in Questions 3 - 5 of the *Application for Distributor Permit*.**

1. Name of Pharmacy Distributor \_\_\_\_\_

2. Name \_\_\_\_\_  
Last Name First Name M.I.

3. Check one:

- ☐ Partner  
☐ Sole Proprietor  
☐ Individual with federal employee identification number  
☐ Corporate Officer - Position \_\_\_\_\_

4. Social Security Number \_\_\_\_\_

5. Date of Birth \_\_\_\_\_

6. Mailing Address \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip

7. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

8. Attach a list of all disciplinary actions by state and federal agencies against the person named above.

9. You are required to submit a federal and state criminal background check in connection with this Distributor application. Complete an *Authorization to Release Information* form. Follow the instructions on the form to submit it to the State Bureau of Identification (Delaware - (800) 464-4357) or the appropriate law enforcement agency in your State. Coordinate your fingerprinting independently. The complete report must be sent directly from the State Bureau of Identification or appropriate law enforcement agency in your State to the Delaware Board of Pharmacy office.

10. Have you ever been arrested, interviewed, interrogated, convicted, received a criminal summons, received a civil citation by any police/law enforcement agency, college/university or campus police or security agency? Yes ☐ No ☐ If Yes, go to Question 11. If No, skip to Question 12.

Note: This includes DUI's and all juvenile arrests and cases even if dismissed for any reason whatsoever. The *only* exceptions are minor traffic citations.

11. If you answered Yes to Question 10, list each charge separately below and give details on a separate page.

Arrest Date	Original Charge	Location of Arrest City and State	Disposition of Charge (e.g., guilty, not guilty, dismissed, etc.)	Arresting Police Department

12. Have you been convicted of a felony? Yes ☐ No ☐ If Yes, give details on a separate page.
13. Has a criminal indictment, information, or complaint even been returned against you, but for which you were not arrested or which you were named as an un-indicted co-party? Yes ☐ No ☐ If Yes, give details on a separate page.
14. Have you ever received a pardon or expungement for any criminal offense? Yes ☐ No ☐ If Yes, give details on a separate page. Include the charge, date, city, county and state.
15. Have you ever been, or are you now, on parole/probation to any court? Yes ☐ No ☐ If Yes, give details on a separate page. Include the charges, the name of your parole/probation officer, location including city, county and state where probation was/is served.
16. Have you ever been civilly or criminally subpoenaed to appear to testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☐ If Yes, give details on a separate page. Include the location and reason for being subpoenaed.
17. Have you ever been civilly or criminally subpoenaed to appear to testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☐ If Yes, give details on a separate page. Include location and reason for being subpoenaed.

### AFFIDAVIT

I solemnly swear and affirm that the answers to the questions set forth in this application are true and correct.

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Witness my hand and seal hereunto attached.

(SEAL)

Notary Signature \_\_\_\_\_